

<p align="center">DEPARTMENT FOR MENTAL HEALTH AND MENTAL RETARDATION SERVICES</p> <p align="center">STANDARDS OF OPERATIONS</p>	Policy Number DMHMRS 02-02	Total Pages 2
	Date Issued April 14, 2003	Effective Date April 14, 2003
References KRS 194A.060, 210.230, 210.235, 210.991, 304.17A-555 § 164.502, 164.508	Subject Consent and Authorization	

Statement of Policy and Purpose

It shall be the policy of the Department for Mental Health and Mental Retardation Services (DMHMRS) to distinguish, recognize and maintain consent and/or authorization for use or disclosure of Protected Health Information (PHI).

Procedure

A. Consent

1. Consent shall be a written document. When required, consent shall be obtained prior to using or disclosing protected health information (PHI) for treatment, payment or health care operations. The signed consent shall be retained for a minimum of six (6) years.
2. Consent shall be in plain language and contain the following:
 - a. Reference to the DMHMRS notice of privacy practices.
 - b. Statement of the individual's right to review the privacy practices of DMHMRS, prior to signing.
 - c. Statement of the right of DMHMRS to change privacy practices.
 - d. Provision for the individual's right to request restrictions on PHI. (DMHMRS is not required to agree to the restrictions).
 - e. Statement that DMHMRS shall abide by any agreed restrictions of PHI.
 - f. Statement that an individual may revoke consent, in writing. EXCEPTION: The extent that DMHMRS may have already acted upon consent.

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g. Date and signature by the individual.

B. Authorization

1. Authorization shall be a written document. When required, authorization shall be signed and giving DMHMRS permission to disclose PHI for purposes other than treatment. The signed authorization shall be retained for a minimum of six (6) years.
2. Authorization shall be in plain language and contain the following:
 - a. Specific information to be disclosed.
 - b. The name or other specific identification of the person(s) making the request.
 - c. An expiration date or event that relates to the purpose.
 - d. A statement of the individual's right to revoke.
 - e. Statement that the information used or disclosed may be subject to re-disclosure.
 - f. Date and signature by the individual. (If signed by a representative, a description of authority).
3. Disclosure of information requiring authorization may include:
 - a. An employment physical.
 - b. Pre-enrollment and underwriting for insurance.
 - c. Sharing of PHI by an insurer with an employer.

C. This policy shall be reviewed and revised as necessary.